

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO.		FILING DATE	
								APPLICANT(S)			
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1							51				
2							52				
3							53				
4							54				
5							55				
6							56				
7							57				
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9							59				
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30							80				
31							81				
32			1				82				
33			1				83				
34			1				84				
35			1				85				
36			1				86				
37			1				87				
38			1				88				
39			1				89				
40			1				90				
41			1				91				
42			1				92				
43			1				93				
44			1				94				
45			1				95				
46			1				96				
47			1				97				
48			1				98				
49			1				99				
50			1				100				
TOTAL IND.							TOTAL IND.				
TOTAL DEP.							TOTAL DEP.				
TOTAL CLAIMS							TOTAL CLAIMS				